

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

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THE PRESENT STATUS OF POLIOMYELITIS IN CALIFORNIA.

By WALTER M. DICKIE, M.D., Executive Secretary, California State Board of Health.

Poliomyelitis is unduly prevalent in California at the present time. Attention has been called to the increased prevalence of the disease in issues of this publication dated April 11, 1925, May 16, 1925, and June 20, 1925. Twenty-nine cases were reported during April, 31 cases in May and 76 cases in June, 1925. Nineteen cases were reported during the week ending July 4, 1925. In comparing California morbidity statistics for April, May and June of 1925 with those for the same months of previous years, it will be noted that there has never been so high an incidence of this disease during the late spring and early summer months. At the present time it is not confined to any particular locality in the state; its prevalence may truly be said to be statewide.

Attention has been called to the fact that it is in those years when poliomyelitis is unusually prevalent during the early summer that this disease becomes widely epidemic during the early fall months, when its seasonal prevalence, however low it may be, is normally highest. The situation in California at the present time is such that the prompt institution of control measures against the spread of the disease becomes the paramount duty of every health officer.

The first control measure is the prompt reporting of all cases that may be suspicious of poliomyelitis. The unstinted cooperation of physicians should be secured by every health officer in order

that the seriousness of the present situation may be understood and proper attention given to every case of illness, particularly those that may occur in children. Every person having symptoms of intestinal disturbance or of a common cold should be placed under the closest observation and removed from contact with other persons until it may be definitely determined what the nature of the illness may be.

The importance of adult carriers should be considered by every health officer. All contacts should be isolated without delay. There should be no hesitancy about placing whole families in isolation whenever it may be determined that poliomyelitis is present in that family. The prompt isolation of contacts and the removal of children from any persons who may be sick undoubtedly constitute our best and most efficient methods of control, considering the present status of our knowledge concerning the spread of the disease.

The effectual control of poliomyelitis depends largely upon the cooperation of the medical profession in the prompt reporting of cases that may be suspicious of the disease and in the exercise of keen discretion in the making of diagnoses. It is far better, under present conditions, to regard all cases of illness in children as cases of serious illness than it is, through laxity, to permit the presence of factors that may lead to a more extensive spread of the disease.

It is not the policy of the California State Board of Health to create any

unnecessary alarm concerning this disease. The board is certain, however, that the present conditions regarding the prevalence of poliomyelitis in California require the exercise of the most stringent control measures in order that the health of the children of the state may be adequately safeguarded. It may be stated, in addition, that cases are occurring in many young adults and that the importance of preventing contact with mild cases in adults is equal in importance to the prevention of contact with sick children.

The following condensed statement concerning methods for the prevention and control of poliomyelitis has been issued by the board. Health officers are requested to give this statement publicity in their respective communities in order that there may be no delay in the institution of adequate control measures:

CALIFORNIA STATE BOARD OF HEALTH.

SUMMARY METHODS OF CONTROL OF EPIDEMIC POLIOMYELITIS (INFANTILE PARALYSIS).

To prevent the spread of infantile paralysis and to avoid contracting it observe the following:

Keep your children off the streets.

Do not let them play with any child or adult who is not entirely well.

Keep sick persons who do not belong in your family out of your house.

Make sure that hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

If a child or adult in your family appears to be sick or complains of not feeling well immediately separate that person from the rest of the family, and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins, or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being twenty per cent, and many who survive remain disabled throughout their lifetime.

The best way to keep your child from contracting this disease is to keep him away from other children.

TO HEALTH OFFICERS.

Special Bulletin No. 15 on Poliomyelitis gives the rules and regulations for the prevention of this disease.

Period of quarantine shall not be less than three weeks from the beginning of the disease. (Adopted October 6, 1923.)

Special attention should be given to the quarantining of all contacts, especially in children, where a strict quarantine should be maintained for a period of two weeks. (Adopted October 6, 1923.)

Special attention should be given to the nose, throat and bowel excreta.

Disinfection of bowel and bladder discharges in all cases.

Strict observance of terminal disinfection should be carried out.



Poliomyelitis in 1924 and in 1925.

The following table gives an interesting comparison of the relative prevalence of poliomyelitis in California during the first six months of 1924 and the first six months of 1925:

Poliomyelitis Cases Reported in California.

	1924	1925
January -----	8	16
February -----	4	12
March -----	9	11
April -----	4	29
May -----	1	31
June -----	4	76
Totals -----	30	175



Technique of Vaccination.

By GAVIN J. TELFER, M.D., State District Health Officer, Los Angeles.

In the state bulletin of April 11, 1925, there is an article entitled "Bunion Pads Not Good for Vaccination Dressings." Quotations from the recommendations of the United States Public Health Service are used. This article accomplishes a good purpose in discrediting the use of bunion plasters and shields for dressings of the vaccination wound. For the past seven years we have advised against the use of these felt washers and celluloid shields but occasionally, in California, private physicians are still using them. Special Bulletin No. 26, SMALLPOX, published in 1917 and circulated to the extent of several hundred thousand, and in every county in California, gives in type description and photographically a recommended method of vaccination. This method was recommended only after due process of elimination by trial of all methods. For seven years the California State Board of Health has carried on campaigns of wholesale vaccination and educational work with physicians and the public, recommend-

ing and demonstrating this method. Vaccinations following this method have been done to the extent of several hundred thousand, either supervised by the state or done by the state district health officers. Last fall, approximately 1000,000 vaccinations following this method were done in the San Joaquin Valley. Today we more heartily recommend this method, because we have found it vastly superior in comparison with all other methods, especially so in public health campaigns by health authorities. This method is even superior to the intradermal method with the use of diluted vaccine, as the latter method is not practical in wholesale vaccination.

We know positively that this method reduces to a minimum the possibility of superadded infection, which is the bane of the vaccinationist and which has been the chief cause of objection to vaccination in California and elsewhere, because other methods have given large scars and considerable disability.

Further, confusion has arisen because the manufacturers of vaccine have sent out with their packages a pamphlet recommending methods other than that approved by the California State Board of Health.

RECOMMENDED TECHNIQUE IN VACCINATION.

Cleansing of the site; instead of site, it would probably be better to say "cleansing of the arm," as in no instance should a public health official vaccinate on the leg. Cases requesting vaccination on the leg should be referred to the family physician, so that they may be given special attention, preferably in bed. The usual site chosen is at the insertion of the deltoid muscle; this is satisfactory in boys, but it is preferable to vaccinate girls around the external side of the deltoid or up on the shoulder. Chemically pure ether should be used for cleansing the site; commercial ether and acetone have a nauseating odor, and if the child has previously had an operation it is usually advisable to cleanse the area with grain alcohol, although these persons do not object to the odor of ether, if you have proper ventilation and forced draft at your vaccination clinic. Water and soap are not needed and are detrimental, except in individuals who show evidence of not having the proper body cleanliness. These should be sent home and required to take a bath and put on clean underwear.

A small metal chisel scarifier should

be used, Von Perquet type. The chisel should be wiped on gauze and run through an alcohol flame between each vaccination. The multiple vaccination should be done, three-point inoculation in a triangle not closer than $1\frac{1}{4}$ inches. The outer layer of the skin only should be removed, so that serum exudes and no blood. The chisel should be small and sharp. The objection to the use of the sterile needle which accompanies each tube of vaccine is that with the best of technique the depth of the wound is not controlled and there is bleeding. It is slower and may be painful.

DRESSING.

The vaccination should be covered immediately with four to six layers of medium fine gauze. This gauze may be cut with raw edges, unfolded, about $2\frac{1}{2} \times 3$ inches, wrapped in muslin and autoclaved. Immediately following the vaccination the gauze dressing should be put on. This dressing should be held in place by four strips of adhesive plaster about $\frac{5}{8}$ inch wide. The plaster should half lap the four edges of the gauze, the other half being on the skin. This leaves a well ventilated dressing and keeps out the dirt. The purpose is to keep the vaccination skin area aseptic until the vaccination wound is entirely healed. At the time of the "take," by the seventh day, the arm should be painted with antiseptic, preferably two per cent mercurochrome or dilute iodine. The object is to heal the wound as quickly as possible and prevent super-added infection. All dressings should positively be done by a physician or by a trained nurse.



Tularemia is Found in Rats.

L. V. Dieter, Director of the Plague Laboratory maintained under the supervision of the California State Board of Health, in Los Angeles, has found tularemia in rats which were trapped in that city. This is the first record of the appearance of this infection in rats. The disease has been found in jack rabbits, ground squirrels and other animals. Considerable research work in this disease has been undertaken in Utah, where the infection is quite common in jack rabbits.

Miss Bernice Rhodes, bacteriologist in the Plague Laboratory, provided valuable assistance to Mr. Dieter in the work which led to the discovery of tularemia in rats.

MORBIDITY.***Diphtheria.**

72 cases of diphtheria have been reported, as follows: Los Angeles 28, Los Angeles County 7, San Francisco 5, Oakland 7, Monterey Park 1, Lynwood 1, Alhambra 2, Berkeley 2, Redwood City 1, Ventura County 1, Alameda 1, Sacramento 2, Kings County 2, Contra Costa County 1, Merced County 3, Pacific Grove 1, San Diego 1, Monterey County 1, Modesto 1, Gridley 3, Colusa 1.

Measles.

34 cases of measles have been reported, as follows: Los Angeles 10, Los Angeles County 7, Monterey County 7, San Diego 2, Orange County 1, Colton 2, Sacramento 1, Turlock 1, San Francisco 1, San Mateo County 2.

Scarlet Fever.

59 cases of scarlet fever have been reported, as follows: Los Angeles 13, San Francisco 8, Oakland 6, El Dorado County 4, Daly City 1, Colusa County 2, San Diego 3, Los Angeles County 2, Kings County 1, Stockton 1, San Joaquin County 1, Maywood 1, Fresno County 1, Orange County 1, Stanislaus County 1, National City 1, Alhambra 1, Chico 1, Alameda 1, Calaveras County 1, San Jose 1, Bakersfield 3, Kern County 4.

Smallpox.

58 cases of smallpox have been reported, as follows: Los Angeles 15, Oakland 16, Colusa 2, Point Arena 1, San Diego 3, Los Angeles County 4, Colton 4, Siskiyou County 3,

Berkeley 4, Monterey Park 1, Hanford 1, Fullerton 1, San Francisco 3.

Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Turlock 1, Stanislaus County 1, Orange County 1, Berkeley 2, Livermore 1, Solano County 1, Merced County 1, Sacramento County 1, Alameda County 1, Los Angeles 2, California 2.

Whooping Cough.

162 cases of whooping cough have been reported, as follows: Los Angeles 53, San Francisco 25, Pasadena 9, San Diego 8, San Fernando 6, Los Angeles County 6, Stockton 5, Berkeley 5, Alameda 5, Oakland 6, San Diego County 1, Palo Alto 4, San Jose 3, Sacramento 2, Paso Robles 2, Monterey Park 4, Monterey County 1, Lassen County 2, Gilroy 1, Orange County 3, Daly City 1, San Gabriel 4, Monrovia 2, Tracy 1, San Joaquin County 1, Mariposa County 1, Oceanside 1,

Poliomyelitis.

19 cases of poliomyelitis have been reported, as follows: Los Angeles 4, Sacramento 5, Berkeley 3, Stanislaus County 1, San Diego 2, Los Angeles County 3, San Francisco 1.

Epidemic Encephalitis.

5 cases of epidemic encephalitis have been reported, as follows: San Francisco 2, Los Angeles County 2, Berkeley 1.

*From reports received on July 6th and 7th for week ending July 4th.

COMMUNICABLE DISEASE REPORTS.

Disease	1925				1924			
	Week ending			Reports for week ending July 4 received by July 7	Week ending			Reports for week ending July 5 received by July 8
	June 13	June 20	June 27		June 14	June 21	June 28	
Anthrax.....	0	0	0	0	0	0	0	0
Chickenpox.....	182	142	105	66	339	180	197	87
Diphtheria.....	91	85	61	72	241	256	249	135
Dysentery (Bacillary).....	1	1	1	2	1	1	15	2
Epidemic Encephalitis.....	2	2	1	5	2	2	6	2
Epidemic Meningitis.....	1	2	1	0	1	1	3	0
Gonorrhoea.....	96	88	65	86	107	82	84	27
Influenza.....	13	12	13	13	7	7	1	0
Leprosy.....	0	0	0	1	0	1	2	0
Malaria.....	1	1	2	4	4	4	3	5
Measles.....	63	57	53	34	500	356	255	115
Mumps.....	250	202	120	73	71	53	49	18
Pneumonia.....	103	32	28	34	37	37	87	15
Poliomyelitis.....	19	17	21	19	2	0	1	4
Scarlet Fever.....	96	86	63	59	111	134	118	53
Smallpox.....	89	86	104	58	146	133	133	85
Syphilis.....	140	121	92	174	183	81	119	56
Tuberculosis.....	166	228	181	201	202	202	220	119
Typhoid Fever.....	25	15	13	14	18	32	30	26
Whooping Cough.....	388	286	197	162	57	45	68	37
Totals.....	1726	1463	1121	1077	2029	1607	1640	786

CALIFORNIA STATE PRINTING OFFICE